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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KONTNY SOLUTIONS LLC  Name of Limited Liability dompany ETN - 46-5490534
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Judy L. Wilson-Kontny Name of Person
KONTNY Solutions, LLC Firm/Company
3261 Old BARN Rd West
Partle Vedera Beach Fla 32082 City/State and Zip Code  JLLN GOLFER CyAhou, COM  E-mail address: (to be used for future annual report notification)
TLLWGOLFER CYAMOU, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
July Wilson-Kontry at 919 518-6470  Name of Person Area Code & Daytime Telephone Number = 20
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Tallahassee, Florida 32301
Enclosed is a check for the following amount:
1NHS18 (2/14) # 35.00 Check Al Neth Dy paid



October 24, 2014

JUDY L. WILSON - KONTNY KONTNY SOLUTIONS, LLC 3261 OLD BARN RD WEST PONTE VEDRA BEACH, FL 32082 US

SUBJECT: KONTNY SOLUTIONS, LLC

Ref. Number: L14000065167

We have received your document for KONTNY SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 314A00022806

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1107144.		t = 1.	110	
1. Name of the limited liability company:	truy So	lutions,	LLC	
2. (a) 3261 Old BARN RD Wes	上 <sup>)</sup> (b)			
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POS		
On to Valley ROAL		(NAC. 1111. DE 105.		<u></u> /
The last Dena	<u></u>			
- FIDMAA 500 80	<u> </u>			<del></del>
4/25/2014	L14	+0000 6S	167	
3. Date of filing/registration in Florida	4.	Document number	<del>  -                                   </del>	
5. (a) United States Corport	whim Agen	BINC		
Registered Agent and Registered Office shown on the ecord	s of the Florida Dep), of S	tate:		
13302 Winding C	JAK Cour	<u>I</u>		
Registered Office Address [MUST BE FLORIDASTRE	ET ADDRESS)		7.	₹ SE
hard by the state of the state	22 / 12	<del>_</del> -	8	ZSE SE
- TAMOPT	FL 33 6/2	<u> </u>	NOV -3	TAR
(1-)				
(b)	ered Office address:	<del></del>	AH 11: 59	FLO
Judy L. Wilson - K	CONTUS		59	REA
NEW Registered Office Address:	1.1	<del></del>		
3261 Old BARN Pd	West			
Ponte Vedra Boach	FL 32082	_		
If the limited liability company is not organized under the	laws of the State of	Florida, it is hereby co	nfirmed that	after
the change or changes are made, the Florida street addres agent will be identical. Or, in the case of a Florida limite	d liability company,	it is hereby confirmed t	that the chan	ge(s)
was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of	the limited liability of	company.		
Janua -	July	L. Wi/Sow-	KUNT	<u> </u>
Signature of a member or authorized representative of a member	,	-,	_	/
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compute obligations of my position as registered agent as provito merely reflect a change in the registered office address notified in writing of this change.	agree to act in this clete performance of nided for in Chapter (s., I hereby confirm th	apacity. I further agre ny duties, and I am fam 505, F.S. Or, if this doc at the limited liability (	re to comply alliar with an cument is bescompany has	with the id accept ing filed i been
Signature of Registered Agent				
DiBribrio At Heliptored Cilent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00